



# **Changes Coming to Medicare Supplement Insurance June 1, 2010**

In 2010 Medicare supplements are changing. Currently there are 14 different standardized Medicare supplement plans that can be sold in Iowa including Plans A-L, High Deductible Plan F and High Deductible Plan J. After June 1, 2010 there will be 11 plans available.

## **Do I need to change my Medicare supplement?**

No. Anyone who currently has a Medicare supplement can keep the plan they have. Medicare supplements are guaranteed renewable. (As long as you pay the premium the policy remains in force.)

## **Can I get a new 2010 standardized policy?**

Yes, you can apply for a new policy. The insurance company will decide if they will require medical underwriting. (i.e. your medical history determines whether a policy will be issued). They may offer you the opportunity to exchange your current policy for a new 2010 Medicare supplement policy without underwriting. Some individuals who have just enrolled in Medicare Part B for the first time may be able to get one of the 2010 policies without medical underwriting. Call SHIIP at 1-800-351-4664 for more information.

## **What plans can no longer be sold?**

Plans E, H, I, J and High-Deductible J will no longer be sold after June 1, 2010. People who purchased these policies before June 1, 2010 can keep them and they will continue to pay benefits as long as you pay your premium.

## **What new plans are created?**

Plans M and N are designed to give beneficiaries new options for higher cost-sharing (deductibles, co-payments) with lower premiums. Plan M includes coverage for Part A inpatient hospital and Part B medical coinsurance; skilled nursing facility coinsurance; foreign travel emergency care benefits and 50% of the Part A deductible. Plan N pays the Part A inpatient hospital and Part B medical coinsurance. There are two exceptions. You pay up to \$20 for an office visit, and up to \$50 for an emergency room visit before the plan pays.

The emergency room copay is waived if you are admitted to the hospital. Plan N also includes coverage for foreign travel emergency care; skilled nursing facility coinsurance and pays 100% of the Part A deductible. (See attached table)

**What benefits are eliminated?**

The **“At-Home Recovery”** benefit has been eliminated from Plan D and Plan G. The **“Preventive Care Benefit”** has been eliminated. This benefit is found in Plan E and Plan J which no longer will be sold after June 1, 2010. The **“80% Excess Benefit”** has been changed to 100% in Plan G. If you purchased your Medicare supplement plan D, G, E and J before June 1, 2010 you will continue to have these benefits including the 80% excess benefit in Plan G.

**What new benefits have been added?**

Basic benefits in policies sold after June 1, 2010 will now include coverage of your cost for all Medicare Part A eligible **“Hospice Care and Respite Care”** expenses. Plan K will cover your cost for these benefits at 50% and Plan L will cover 75% of the cost until the out-of-pocket limit is met, then cover 100%.

**What is the effect of these changes on Medicare Select plans?**

All of these changes apply to Medicare Select plans.

**When can companies begin marketing the new 2010 plans and benefits?**

Companies can begin marketing Fall 2009 after their policies and rates are approved by the Iowa Insurance Division. Even though a plan may be approved to market prior to June 1, 2010, the effective date of the policy has to be June 1, 2010 or later.

If you have questions about Medicare, Medicare supplement insurance, long-term care insurance, claims and other related health insurance issues, contact the Senior Health Insurance Information Program or SHIIP for assistance.

Toll-free: **1-800-351-4664 (TTY 1-800-735-2942)**

E-mail: **shiip@iid.iowa.gov**

Website: **[www.TheRightCallIowa.gov](http://www.TheRightCallIowa.gov)**



## Benefit Chart of Medicare Supplement Plans

effective date on or after June 1, 2010

Basic Benefits	Plan A	Plan B	Plan C	Plan D	Plan F*	Plan G	Plan K	Plan L	Plan M	Plan N
<b>Part A Hospital</b>										
Day 61-90 Coinsurance	X	X	X	X	X	X	X	X	X	X
Day 91-150 Coinsurance	X	X	X	X	X	X	X	X	X	X
365 More days - 100%	X	X	X	X	X	X	X	X	X	X
<b>Part A Hospice coinsurance</b>	X	X	X	X	X	X	50%	75%	X	X
<b>Part B Coinsurance or Copay</b>	X	X	X	X	X	X	50% **	75% **	X	X ****
<b>Parts A &amp; B Blood</b>	X	X	X	X	X	X	50%	75%	X	X
<b>Additional Benefits</b>	A	B	C	D	F	G	K	L	M	N
<b>Skilled Nursing Facility Coinsurance Day 21-100</b>			X	X	X	X	50%	75%	X	X
<b>Part A Deductible</b>		X	X	X	X	X	50%	75%	50%	X
<b>Part B Deductible</b>			X		X					
<b>Part B Excess</b>					X	X				
<b>Foreign Travel Emergency</b>			X	X	X	X			X	X
<b>Out-of-pocket annual limit</b>							\$4,620 ***	\$2,310 ***		

X = Supplement pays 100%      50% and 75% = the amount the supplement pays

\*Plan F has an option called high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid an annual deductible (\$2,000 in 2010). Benefits will not begin until the out-of-pocket expenses exceed the deductible. Out-of-pocket expenses include the Medicare deductibles for Part A and Part B, expenses that would normally be paid by the policy, but do not include the foreign travel emergency deductible.

\*\*Plans K and L pay 100% of the Part B coinsurance for preventive services.

\*\*\*Plans K and L pay 100% of your cost for Part A and B after the annual out-of-pocket limit is reached.

\*\*\*\*Exceptions: You may be charged up to \$20 for an office visit and up to \$50 for an emergency room visit before the plan pays. The emergency room copay will be waived if you are admitted to the hospital.